

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2001 8:00 am**  
**Secretary of State**

04-17-2001 90039 017 \*\*\*150.00

**DOCUMENT # P06491**

1. Entity Name  
**FLUOR DANIEL ENGINEERING, INC.**

**00037683**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>134 HERCHANT ST.          CINCINNATI OH 45246          US</b>	Mailing Address <b>ONE, ENTERPRISE DR.          F2B          ALISO VIEJO CA 92656-2606          US</b>
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2. Principal Place of Business <b>134 MERCHANT ST.</b>	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Cincinnati, OHIO</b>	City & State	4. FEI Number <b>57-0782198</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>45246</b> Country <b>US</b>	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  
**NRAI SERVICES, INC.  
 526 E. PARK AVE.  
 TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City <b>FL</b> Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS

TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>FISHER, L N</b>	
STREET ADDRESS	<b>ONE ENTERPRISE DR</b>	
CITY-ST-ZIP	<b>ALISO VIEJO CA 92656</b>	
TITLE	<b>AT</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MORROW, T. H.</b>	
STREET ADDRESS	<b>ONE ENTERPRISE DR.</b>	
CITY-ST-ZIP	<b>ALISO VIEJO CA 92656</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>HAGERTY, P.</b>	
STREET ADDRESS	<b>ONE ENTERPRISE DR</b>	
CITY-ST-ZIP	<b>ALISO VIEJO CA 92-6565</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BERGER, G R</b>	
STREET ADDRESS	<b>ONE ENTERPRISE DR.</b>	
CITY-ST-ZIP	<b>ALISO VIEJO CA 92656</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GRAHAM, JR. C.A.</b>	
STREET ADDRESS	<b>301 N MAIN ST</b>	
CITY-ST-ZIP	<b>IRVINE CA</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SIM, FL</b>	
STREET ADDRESS	<b>100 FLUOR DANIEL DR.</b>	
CITY-ST-ZIP	<b>GREENVILLE SC 29607</b>	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>ASST. TREASURER</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MIN C. TSENG</b>	
STREET ADDRESS	<b>ONE ENTERPRISE DR, F2B</b>	
CITY-ST-ZIP	<b>ALISO VIEJO, CA 92656</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>PRESIDENT</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>R.A. SHINKLE</b>	
STREET ADDRESS	<b>ONE ENTERPRISE DR # F2B</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>VICE PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SIMS, F.L.</b>	
STREET ADDRESS	<b>ONE ENTERPRISE DR</b>	
CITY-ST-ZIP	<b>ALISO VIEJO, CA 92656</b>	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **MIN C. TSENG** Date: **4-3-01** Daytime Phone #: **949-3496091**

CR2E034 (10/00)